

TFW 3763

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/686,263
Filing Date	October 10, 2000
First Named Inventor	Syroid et al.
Group Art Unit	3763
Examiner Name	A. Ahmed
Attorney Docket Number	3102-5938US (U-3103 (4314 P))

ENCLOSURES (check all that apply)

- ☒ Postcard receipt acknowledgment (attached to the front of this transmittal)
- ☒ Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16
- ☐ Preliminary Amendment
- ☐ Response to Restriction Requirement/Election of Species Requirement dated
- ☒ Amendment in response to office action dated September 30, 2005
- ☐ Amendment under 37 C.F.R. § 1.116 in response to final office action dated
- ☐ Additional claims fee - Check No. in the amount of \$
- ☐ Letter to Chief Draftsman and copy of FIGS. with changes made in red
- ☐ Transmittal of Formal Drawings
- ☐ Formal Drawings (sheets)

- ☐ Information Disclosure Statement, PTO/SB/08A (08-00); ☐ copy of cited references
- ☐ Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00
- ☐ Associate Power of Attorney
- ☐ Petition for Extension of Time and Check No. in the amount of \$
- ☐ Petition
- ☒ Fee Transmittal Form and check no. 8898 in the amount of \$375.00
- ☐ Certified Copy of Priority Document(s)
- ☐ Assignment Papers (for an Application)

- ☐ Terminal Disclaimer
- ☐ Terminal Disclaimer
- ☐ Terminal Disclaimer
- ☐ Other Enclosure(s) (please identify below):

Remarks

The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

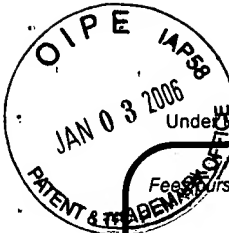
Firm or Individual name	Brick G. Power	Registration No. 38,581
Signature		
Date	December 30, 2005	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Erika Gandre		
Signature		Date	December 30, 2005

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 375.00

Complete if Known

Application Number	09/686,263
Filing Date	10/10/2000
First Named Inventor	Syroid et al.
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Art Unit	3763
Attorney Docket No.	3102-5938US (U-3103 (4314 P))

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)

☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity
Fee (\$)
50
25

200
100

360
180

Total Claims Extra Claims Fee(\$)
35 -20 or HP= 15 x 25 = 375

Multiple Dependent Claims

Fee (\$)
Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee(\$)
3 - 3 or HP= 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,581	Telephone	801-532-1922
Name (Print/Type)	Brick G. Power	Date	12/30/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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